2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # P97000092039 1. Entry Name PERFECT STATIONS INC.								05-02-2003 90734 019 ***150.00				
Principal Place of Business Mailing Address 3 000 BELCHER ROAD 3 000 BELCHER ROAD PALM HARBOR, FL 33683 US PALM HARBOR, FL 33683 U						\$						
2. Principal P	Place of Busine	3. Maili	3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE	IF MAKING C	HANGES			
City & State				s State		4. F	4. FEI Number 59-3455161		Applied For Not Applicable]	
Zip 	Country		Zip			Country		5. Certificate of Status Desired			68.75 Additional Fee Required	
6. Name and Address of Current R				d Agent		Name	7. N	lame and Address of New 1	Registered Ag	ent		
MITHWANI, AZIZ 3000 BELCHER RD PALM HARBOR, FL 34683						Street Address (P.O. Box Number Is Not Acceptable)						
						City		·	FL	Zip Code	e	1
	named entity tools of register		ment for the purpo	ose of changing its	s register	ed office or registe	red age	ent, or both, in the State of F	orida. I am far	hillar with,	and accept	-
SIGNATURE Styriature, typed or printed name of registered agent and that if applicable. (NOTE: Registered Agent styriature requires when reinstanting) CATE												
FILE NOW!!!- FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						· · · · · · · · · · · · · · · · · · ·		Election Campaign For Trust Fund Contribution	nancing	\$5.0 Addec	O May Be I to Fees	
10.		OFFICE	S AND DIRECTOR	RS	11.		ADI	J DITIONS/CHANGES TO OF	FICERS AND E	NRECTOR:	3 IN 11	1
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NAME	RENU MITH				#AM	-						ັ
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								4-28.03			663	
		SKANA I UKE AND TY	PEU OR PHINTED NAMI	: UP STGMONG OFFICER	OH UIREC	IUH		Dane	Cayl	ime Phone #		l